

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Cardiology Political Action Committee

ADDRESS (number and street)

2400 N St NW

Check if different
than previously
reported. (ACC)

Washington

DC

20037

1153

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00375360

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

06

01

2009

through

06

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Carlton Davids

Signature of Treasurer

Electronically Filed by Carlton Davids

Date

07

20

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name
American College of Cardiology Political Action Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | | | | | | | | | | | |
|--|--|-----------------------------------|---|---|---|---|---|---|---|--|--|---|---|---|---|---|---|---|---|---|
| 6. (a) Cash on Hand January 1 <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 9 | | <table><tr><td>1</td><td>4</td><td>2</td><td>7</td><td>2</td><td>1</td><td>.</td><td>3</td><td>6</td></tr></table> | 1 | 4 | 2 | 7 | 2 | 1 | . | 3 | 6 | |
| Y | Y | Y | Y | | | | | | | | | | | | | | | | | |
| 2 | 0 | 0 | 9 | | | | | | | | | | | | | | | | | |
| 1 | 4 | 2 | 7 | 2 | 1 | . | 3 | 6 | | | | | | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | <table><tr><td>1</td><td>1</td><td>0</td><td>3</td><td>8</td><td>4</td><td>.</td><td>2</td><td>7</td></tr></table> | 1 | 1 | 0 | 3 | 8 | 4 | . | 2 | 7 | | | | | | | | | | |
| 1 | 1 | 0 | 3 | 8 | 4 | . | 2 | 7 | | | | | | | | | | | | |
| (c) Total Receipts (from Line 19) | <table><tr><td>4</td><td>6</td><td>9</td><td>4</td><td>2</td><td>.</td><td>8</td><td>0</td></tr></table> | 4 | 6 | 9 | 4 | 2 | . | 8 | 0 | <table><tr><td>2</td><td>4</td><td>1</td><td>9</td><td>5</td><td>4</td><td>.</td><td>3</td><td>2</td></tr></table> | 2 | 4 | 1 | 9 | 5 | 4 | . | 3 | 2 | |
| 4 | 6 | 9 | 4 | 2 | . | 8 | 0 | | | | | | | | | | | | | |
| 2 | 4 | 1 | 9 | 5 | 4 | . | 3 | 2 | | | | | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | <table><tr><td>1</td><td>5</td><td>7</td><td>3</td><td>2</td><td>7</td><td>.</td><td>0</td><td>7</td></tr></table> | 1 | 5 | 7 | 3 | 2 | 7 | . | 0 | 7 | <table><tr><td>3</td><td>8</td><td>4</td><td>6</td><td>7</td><td>5</td><td>.</td><td>6</td><td>8</td></tr></table> | 3 | 8 | 4 | 6 | 7 | 5 | . | 6 | 8 |
| 1 | 5 | 7 | 3 | 2 | 7 | . | 0 | 7 | | | | | | | | | | | | |
| 3 | 8 | 4 | 6 | 7 | 5 | . | 6 | 8 | | | | | | | | | | | | |
| 7. Total Disbursements (from Line 31) | <table><tr><td>8</td><td>0</td><td>9</td><td>4</td><td>4</td><td>.</td><td>6</td><td>6</td></tr></table> | 8 | 0 | 9 | 4 | 4 | . | 6 | 6 | <table><tr><td>3</td><td>0</td><td>8</td><td>2</td><td>9</td><td>3</td><td>.</td><td>2</td><td>7</td></tr></table> | 3 | 0 | 8 | 2 | 9 | 3 | . | 2 | 7 | |
| 8 | 0 | 9 | 4 | 4 | . | 6 | 6 | | | | | | | | | | | | | |
| 3 | 0 | 8 | 2 | 9 | 3 | . | 2 | 7 | | | | | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | <table><tr><td>7</td><td>6</td><td>3</td><td>8</td><td>2</td><td>.</td><td>4</td><td>1</td></tr></table> | 7 | 6 | 3 | 8 | 2 | . | 4 | 1 | <table><tr><td>7</td><td>6</td><td>3</td><td>8</td><td>2</td><td>.</td><td>4</td><td>1</td></tr></table> | 7 | 6 | 3 | 8 | 2 | . | 4 | 1 | | |
| 7 | 6 | 3 | 8 | 2 | . | 4 | 1 | | | | | | | | | | | | | |
| 7 | 6 | 3 | 8 | 2 | . | 4 | 1 | | | | | | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | <table><tr><td>0</td><td>0</td><td>0</td></tr></table> | 0 | 0 | 0 | | | | | | | | | | | | | | | | |
| 0 | 0 | 0 | | | | | | | | | | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | <table><tr><td>0</td><td>0</td><td>0</td></tr></table> | 0 | 0 | 0 | | | | | | | | | | | | | | | | |
| 0 | 0 | 0 | | | | | | | | | | | | | | | | | | |

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | W | Y |
| 0 | 6 | 0 | 1 | 2 | 0 | 0 | 9 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | W | Y |
| 0 | 6 | 3 | 0 | 2 | 0 | 0 | 9 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 35459.25 | 187277.47 |
| (ii) Unitemized | 10378.08 | 48743.23 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 45837.33 | 236020.70 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 45837.33 | 236020.70 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 1105.47 | 5933.62 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 46942.80 | 241954.32 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 46942.80 | 241954.32 |

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|----------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| (i) Federal Share..... | 0.00 | 0.00 | |
| (ii) Non-Federal Share..... | 0.00 | 0.00 | |
| (b) Other Federal Operating Expenditures..... | 944.66 | 5793.27 | |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤ | 944.66 | 5793.27 | |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 80000.00 | 302500.00 | |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 | |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 | |
| 26. Loan Repayments Made..... | 0.00 | 0.00 | |
| 27. Loans Made..... | 0.00 | 0.00 | |
| 28. Refunds of Contributions To: | | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 | |
| (b) Political Party Committees | 0.00 | 0.00 | |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 | |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 | |
| 29. Other Disbursements..... | 0.00 | 0.00 | |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | | |
| (i) Federal Share | 0.00 | 0.00 | |
| (ii) "Levin" Share | 0.00 | 0.00 | |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 | |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 | |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 80944.66 | 308293.27 | |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 80944.66 | 308293.27 | |

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

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| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 45837.33 | 236020.70 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 45837.33 | 236020.70 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 944.66 | 5793.27 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 1105.47 | 5933.62 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | -160.81 | -140.35 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jay H. Alexander, M.D., F.A.

Mailing Address 2256 Carlyle Court

City

Buffalo Grove

State

IL

Zip Code

60015-1857

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Shore Cardiologists,
SC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 468ab6c8b5a7da0b7d79

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Rene J. Alvarez, Jr., M.D.

Mailing Address 425 McKean Drive

City

Wexford

State

PA

Zip Code

15090-7327

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Pittsburgh
Medical Centre

Occupation

HEART FAILURE/TRANSPLANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: 4f8ab502cdc997cd12b0

Amount of Each Receipt this Period

91.00

C.

Full Name (Last, First, Middle Initial)

Costa Andreou, M.B., B.Ch

Mailing Address 210 Keyhole Court

City

Cramerton

State

NC

Zip Code

28032-1626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid Carolina Cardiology
P.A.

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: 407f45db5d95156d6e1

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

541.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Elie C. Azrak, M.D., F.A.

Mailing Address 1016 Brightfield Manor Court
Suite 2346

City State Zip Code
Chesterfield MO 63017-2485

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 9

Transaction ID: 37a35654b95577e90d3

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Timothy M. Bateman, M.D., F.A.

Mailing Address 3410 West 89th Street

City State Zip Code
Leawood KS 66206-1629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiovascular Consultant-
s, PC

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 9

Transaction ID: 43f4bdd1cb18a1382ea3

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Louis L. Battey, Jr., M.D.,

Mailing Address 1076 Brookhaven Square

City State Zip Code
Atlanta GA 30319-2878

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: bfce47a65aa548f24df

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 56

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Andrew D. Beamer, M.D., F.A.

Mailing Address 42 Oakland Place

City

Summit

State

NJ

Zip Code

07901-3482

FEC ID number of contributing
federal political committee.

C

Name of Employer
Summit Medical Group

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 3 | 0 | | 2 | 0 | 0 | 9 |

Transaction ID: 2b4aa1ef98694175a4c

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Daniel G. Blanchard, M.D., F.A.

Mailing Address 3612 Princeton Avenue

City

San Diego

State

CA

Zip Code

92117-5637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 9 | | 2 | 0 | 0 | 9 |

Transaction ID: 0cab5e1b1b91a5f621b

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Douglas B. Bogart, M.D., F.A.

Mailing Address 10127 North Wabash Avenue

City

Kansas City

State

MO

Zip Code

64155-2965

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Missouri

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 2 | 5 | | 2 | 0 | 0 | 9 |

Transaction ID: 9c0e4c5e8a52cf04d0b

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ralph G. Brindis, M.D., M.P.

Mailing Address 1410 Monterey Boulevard

City

San Francisco

State

CA

Zip Code

94127-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oakland Kaiser Medical Ce-
nter

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: 4da08996a01d91d7c580

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Alberto A. Brizolar, M.D., F.A.

Mailing Address 1380 East Medical Center Drive
Suite 1500

City

Saint George

State

UT

Zip Code

84790-2123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Cardiology

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: 2b49ea54900ef70822f

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Alan S. Brown, M.D., F.A.

Mailing Address 1912 Alta Vista Court

City

Naperville

State

IL

Zip Code

60563-1815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Heart Specialists-
Edward Heart

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 4226be25828682829225

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jeffrey A. Buetikofer, M.D., F.A.

Mailing Address 6717 Manchester Farms Road

City

Fairview

State

PA

Zip Code

16415-1649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Consultants in Cardiovasc-
ular Diseases

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: 6975527404936947fa2

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Joseph G. Cacchione, M.D., F.A.

Mailing Address 5740 Hickory Knoll Court

City

Fairview

State

PA

Zip Code

16415-3246

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent Health Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 9

Transaction ID: 4fc08a1478f42967d3dd

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Eric B. Carlson, M.D., F.A.

Mailing Address 4606 Whitby Place

City

Greensboro

State

NC

Zip Code

27406-8600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Cardiology, P.A.

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: 465b5dfc9b7ba7f65ac

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 56

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Arthur Bleakley Chandler, Jr., M.D.,

Mailing Address 1348 Walton Way Suite 5100

City

Augusta

State

GA

Zip Code

30901-5108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 2 | 5 | | 2 | 0 | 0 | 9 |

Transaction ID: b53ec69b54ff327c976

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Hollace D. Chastain, II, M.D.,

Mailing Address 1819 Breamar Drive

City

Fort Wayne

State

IN

Zip Code

46814-9364

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fort Wayne Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 3 | 0 | | 2 | 0 | 0 | 9 |

Transaction ID: 4f0f894c0ecc66bbb346

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Vidyasagar Chodimella, M.B.B.S.,

Mailing Address Plaza 3 Suite 204
4325 N Josey Lane

City

Carrollton

State

TX

Zip Code

75010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 6 | | 2 | 0 | 0 | 9 |

Transaction ID: cb048bb3ed16f0050f7

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Russell A. Cifone, M.D., F.A.

Mailing Address 66 Highridge Rd

City

West Simsbury

State

CT

Zip Code

06092-2004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Connecticut Cardi-
ologists, LLC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 74163e87671387d84c8

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Bernard A. Clark, III, M.D.,

Mailing Address 95 Johnny Cake Lane

City

Glastonbury

State

CT

Zip Code

06033-2545

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Francis Hospital and
Medical Centre

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 9

Transaction ID: 42519e5e9eb7f93e849e

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Lianna S. Collinge, CAE

Mailing Address 4014 88th Avenue Northwest

City

Gig Harbor

State

WA

Zip Code

98335-6157

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Chapter of the
ACC

Occupation

Cardiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: 44a7b6ea3ddc514b24c5

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

435.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Russell J. Cornell, M.D., F.A.

Mailing Address 368 Lakehurst Road Suite 301

City

Toms River

State

NJ

Zip Code

08755-7339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology Consultants

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: 845eb10fcafaa1a78ad

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

George H. Crossley, III, M.D.,

Mailing Address 276 Stratton Court

City

Brentwood

State

TN

Zip Code

37027-4228

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Thomas Heart

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1501.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 9 / 2 0 0 9

Transaction ID: 4634828f2c1c0ee7b118

Amount of Each Receipt this Period

167.00

C.

Full Name (Last, First, Middle Initial)

Scott A. Davis, M.D., F.A.

Mailing Address 21 Chenal Circle

City

Little Rock

State

AR

Zip Code

72223-9567

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arkansas Cardiology, P.A.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: f8c740e4e7fcd7bc6f7

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1032.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Scott A. Davis, M.D., F.A.

Mailing Address 21 Chenal Circle

City

Little Rock

State

AR

Zip Code

72223-9567

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arkansas Cardiology, P.A.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: 971c82345fd276f48cd

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Stefan L. Deboel, M.D., F.A.

Mailing Address 6215 13th St. N

City

Fargo

State

ND

Zip Code

58102-6030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fargo Clinic-Department
of Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: c5f3762d65653a7b11e

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Amish J. Desai, M.D., F.A.

Mailing Address 550 17th Avenue Suite 630

City

Seattle

State

WA

Zip Code

98122-5797

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: 973ced2439a76ff5b60

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

James A. Diggs, M.D., F.A.

Mailing Address 75 S Street Northwest

City

Washington

State

DC

Zip Code

20001-1127

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 4a1d8beaf3ce92ebd035

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

David R. Dobies, M.D., F.A.

Mailing Address 11656 Kings Colony

City

Grand Blanc

State

MI

Zip Code

48439-8619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 8748c0619fec61e932e

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Peter J. Epstein, M.D., F.A.

Mailing Address 3 Clover Drive

City

Great Neck

State

NY

Zip Code

11021-1817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brookdale Hospital Medical
Ctr

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 9 / 2 0 0 9

Transaction ID: f74bcc0a1a05912ec8e

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

James Vannoy Faris, M.D., F.A.

Mailing Address 3716 Devonshire Lane

City

Bloomington

State

IN

Zip Code

47408-9654

FEC ID number of contributing
federal political committee.

C

Name of Employer
Internal Medicine Associa-
tes

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 48e9c6dcb686445ed89

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

James W. Fasules, M.D., F.A.

Mailing Address 6 Cascades Drive

City

Little Rock

State

AR

Zip Code

72212-3306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arkansas Children's Hospi-
tal Pediatric

Occupation

PEDIATRIC CARD.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 9

Transaction ID: 42c09e46af8567bcc7aa

Amount of Each Receipt this Period

84.00

C.

Full Name (Last, First, Middle Initial)

Peter S. Fischbach, M.D., F.A.

Mailing Address 435 Emory Dr. NE

City

Atlanta

State

GA

Zip Code

30307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

PEDIATRIC CARD.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: 406DDB01-116D-4561-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

834.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 56

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kevin Fitzpatrick

Mailing Address 1441 Windrow Lane

City

Yardley

State

PA

Zip Code

19067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Cardiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 9

Transaction ID: 4bb99e294c847a483a2e

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

Leslie Raymond Fleischer, M.D., F.A.

Mailing Address 17 Bayshore Drive

City

Shalimar

State

FL

Zip Code

32579-2116

FEC ID number of contributing
federal political committee.

C

Name of Employer
White Wilson Medical Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: 6de4360c940ce638f08

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Lance B. Friedland, M.D., F.A.

Mailing Address 1010 Chesson Court

City

Alpharetta

State

GA

Zip Code

30022-7174

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiovascular Group P.C.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: 7c8425f9de5e66e622

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

835.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Charles Ernest Fuenzalida, M.D., F.A.

Mailing Address 5301 Preserve Parkway S

City

Littleton

State

CO

Zip Code

80121-2147

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

GENERAL PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: c92d55ba616da19350a

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Cathy Gates

Mailing Address 17500 Ashton Forest Terrace

City

Sandy Spring

State

MD

Zip Code

20860-3009

FEC ID number of contributing
federal political committee.

C

Name of Employer
American College of Cardiology

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: 4898a08559336088d840

Amount of Each Receipt this Period

83.34

C.

Full Name (Last, First, Middle Initial)

Fredric Ginsberg, M.D., F.A.

Mailing Address One Cooper Plaza, 3rd Floor

City

Camden

State

NJ

Zip Code

08103-1461

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cooper University CardiologyDorrance B

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: d1fb38785387abc0261

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

833.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael H. Girolami, M.D., F.A.

Mailing Address 1828 El Camino Real Suite 402

City

Burlingame

State

CA

Zip Code

94010-3115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: 601fc50427d567ade8e

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mitchell M. Greenspan, M.D., F.A.

Mailing Address 3 Lifemark Drive

City

Sellersville

State

PA

Zip Code

18960-1598

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pennsylvania Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: 2de34405f93454bc740

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Bhavdeep K. Gupta, M.D., F.A.

Mailing Address 5268 River Club Drive

City

Suffolk

State

VA

Zip Code

23435-3513

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 2d5fc440bf57591bca3

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Walid J. Haddad, M.D., F.A.

Mailing Address 1705 Wildwood

City

Shawnee

State

OK

Zip Code

74804-1803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 9

Transaction ID: 9d9ef206c2fa6e6b5b5

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Kenneth Aaron Hahn, M.D., F.A.

Mailing Address 1462 South Colorado Street
Apt. 2F

City

Greenville

State

MS

Zip Code

38703-7232

FEC ID number of contributing
federal political committee.

C

Name of Employer
Delta Regional Medical Ce-
nter

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: 7a3b5d8d44fe58ebcd1

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Edward C. Healy, M.D., F.A.

Mailing Address 11000 Old Coach Road

City

Potomac

State

MD

Zip Code

20854-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maryland Heart PC

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: a3408e4660de96b187e

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

915.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

James J. Heger, M.D., F.A.

Mailing Address 3235 N Washington Road

City

Fort Wayne

State

IN

Zip Code

46802-4902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fort Wayne Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 3afc74e750b86b5d0c7

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

J. Daniel Hill, Jr., M.D.,

Mailing Address 281 Monte Vista Ridge Road

City

Orinda

State

CA

Zip Code

94563-1627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Berkeley Cardiovascular
Medical Group

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 25ceff90c3a2d968daa

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Jerome L. Hines, M.D., Ph.D

Mailing Address 11 Salt Creek Lane #2

City

Hinsdale

State

IL

Zip Code

60521-3032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 9

Transaction ID: 4204a1a00c12fd411269

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 56

(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Arthur B. Hodess, M.D., F.A.

Mailing Address 3025 Zinn Road

City

Thorndale

State

PA

Zip Code

19372-1131

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: a51655b3da8d0d9e9fa

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Victor N. Howard, M.D., F.A.

Mailing Address 2484 Caring Way Suite B

City

Port Charlotte

State

FL

Zip Code

33952-5306

FEC ID number of contributing
federal political committee.**C**Name of Employer
Victor N Howard MD PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: d9606b6f9b9096eddec

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Moongilmadugu N. Inba-Vazhvu, M.D., F.A.

Mailing Address 702 Bethpage Drive

City

Mc Donough

State

GA

Zip Code

30253-4020

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 9

Transaction ID: 9ddaaffc212d1ae157d

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 56

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jay A. Jackson, M.D., F.A.

Mailing Address 3610 Wyncote Lane

City

Shawnee Mission

State

KS

Zip Code

66205-2739

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: 0ed945d2cc0a64b28c6

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Shahabuddin Khan, M.D., F.A.

Mailing Address 7619 Victory Gallup Street

City

Las Vegas

State

NV

Zip Code

89131-4125

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nevada Heart & Vascular
Center

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 0 9

Transaction ID: 46ec84717b0d2dbcf506

Amount of Each Receipt this Period

84.00

C.

Full Name (Last, First, Middle Initial)

Nicholas Ivan Kondo, M.D., F.A.

Mailing Address 6 Care Lane

City

Saratoga Springs

State

NY

Zip Code

12866-8624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saratoga Cardiology Assoc-
iates, PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 9

Transaction ID: 385f495e43113b74d4e

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

834.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Phillip L. Laney, M.D., F.A.

Mailing Address 5012 Littlebury Road

City

Huntsville

State

AL

Zip Code

35802-1825

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Heart Center, PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: 9538db223268f4c8d2b

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Roger F. Leonard, M.D., F.A.

Mailing Address 11706 Split Tree Circle

City

Potomac

State

MD

Zip Code

20854-2880

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montgomery General Hospital

Occupation

ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: 4adbb4bf3b3536dc1b88

Amount of Each Receipt this Period

91.00

C.

Full Name (Last, First, Middle Initial)

Sandra J. Lewis, M.D., F.A.

Mailing Address 5342 Southwest Hewett Boulevard

City

Portland

State

OR

Zip Code

97221-2254

FEC ID number of contributing
federal political committee.

C

Name of Employer
NW Cardiovascular Institute

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 9 / 2 0 0 9

Transaction ID: 465a9483f7f57418e510

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

674.34

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 56

(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

William R. Lewis, M.D., F.A.

Mailing Address 24707 Tricia Drive

City

Westlake

State

OH

Zip Code

44145-4923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Metro Health Medical Cent-
er

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: cb9b0fb57a0c0b5a480

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Orlando Lopez-Fernandez, Jr., M.D.,

Mailing Address One Datan Center
9100 S Dadeland Boulevard Suite 12

City

Miami

State

FL

Zip Code

33156-7814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Care Partners,
PSO Health PI

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: 8cd681286b2b28fcfe7

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Karen S. Macmurdy, M.D., F.A.

Mailing Address 3715 Northwest Gordon Street

City

Portland

State

OR

Zip Code

97210-1281

FEC ID number of contributing
federal political committee.

C

Name of Employer
Portland-VAMC P3CARD

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 9

Transaction ID: e18235e281ea2530b3a

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 56

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Domenic Marini, M.D., F.A.

Mailing Address 14 Sederholm Path

City

Palm Coast

State

FL

Zip Code

32164-5481

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 3 | 0 | | 2 | 0 | 0 | 9 |

Transaction ID: bd900f8d3bb0f8232f0

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Michael R. McGuire, M.D., F.A.

Mailing Address 500 Walter Street, Northeast, #401

City

Albuquerque

State

NM

Zip Code

87102-2563

FEC ID number of contributing
federal political committee.**C**Name of Employer
ABQ Health Partners

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 9 | | 2 | 0 | 0 | 9 |

Transaction ID: 6a543663c4a687c9991

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

R. Parker McRae, Jr., M.D.,

Mailing Address 4513 N Miller Avenue

City

Peoria Heights

State

IL

Zip Code

61616-6521

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 9 | | 2 | 0 | 0 | 9 |

Transaction ID: 6fefe20f037f59b0030

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 56

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Andrew L. Mecca, M.D., F.A.

Mailing Address 311 W 24th Street Suite 401

City

Erie

State

PA

Zip Code

16502-2667

FEC ID number of contributing
federal political committee.

C

Name of Employer
Consultants in Cardiovasc-
ular Diseases

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 4 | | 2 | 0 | 0 | 9 |

Transaction ID: 8c7898b1dcc45b55779

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Albert B. Mercer, M.D., F.A.

Mailing Address 1120 Griffith Avenue

City

Owensboro

State

KY

Zip Code

42301-2812

FEC ID number of contributing
federal political committee.

C

Name of Employer
Green River Heart Institu-
te

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 0 | | 2 | 0 | 0 | 9 |

Transaction ID: 29cc7fd88663d69ea1d

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Michael J. Mirro, M.D., F.A.

Mailing Address 2005 Prestwick Lane

City

Fort Wayne

State

IN

Zip Code

46814-9317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fort Wayne Cardiology Cor-
poration

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 3 | 0 | | 2 | 0 | 0 | 9 |

Transaction ID: 459a9a9d27c0e936ced8

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 56

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Norbert Moskovits, M.D., F.A.

Mailing Address 30 Margaret Avenue

City

Lawrence

State

NY

Zip Code

11559-1826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: d0b7ed32071fb7b5519

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Charn S. Nandra, M.B., B.Ch

Mailing Address 114 Brady Circle E

City

Steubenville

State

OH

Zip Code

43952-1469

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 0 9

Transaction ID: cd02d6179b38f0250bb

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

John W. Nemanich, M.D., F.A.

Mailing Address 5761 S Eddy Street

City

Seattle

State

WA

Zip Code

98118-3070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: e0872d9bcb0307e71b8

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Charles D. O'Shaughnessy, M.D., F.A.

Mailing Address 32411 Nottingham Drive

City

Avon Lake

State

OH

Zip Code

44012-2192

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Ohio Heart Center

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 9

Transaction ID: 338bf11a3bf3e70f5d8

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

James P. Olson, M.D., F.A.

Mailing Address 6204 S Pinehurst Court

City

Sioux Falls

State

SD

Zip Code

57108-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: 79a291a8a9fa07aab0

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Apurva M. Patel, M.B.B.S.,

Mailing Address 1030 North Hillpoint Boulevard

City

Suffolk

State

VA

Zip Code

23434-8470

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: 1d5666777a20c960b2e

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Rajendra B. Patel, M.D., F.A.

Mailing Address 16 Nolan Circle

City

Voorhees

State

NJ

Zip Code

08043-4109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gardenstate Cardiology As-
soc., PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: 5dfc20bf9632fafd3f3

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Vaughn W. Payne, M.D., F.A.

Mailing Address 145 Hager Lane

City

Staffordsville

State

KY

Zip Code

41256-9144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kentucky Heart & Vascular
Physicians I

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 0 9

Transaction ID: cbd02473bf3ef848e97

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Ross C. Peterson, M.D., F.A.

Mailing Address 4205 Woodbrook Landing

City

Erie

State

PA

Zip Code

16506-7017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Consultants in Cardiovasc-
ular Diseases

Occupation

ECHOCARDIOLOGY/ECHOCARDIOGRAPHY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 0 9

Transaction ID: 4a569f5eba07c12e05a0

Amount of Each Receipt this Period

91.00

SUBTOTAL of Receipts This Page (optional)

956.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Charles W. Phillips, M.D., F.A.

Mailing Address 104 Williamson Court

City

Richmond

State

VA

Zip Code

23229-7763

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Cardiovascular
Specialist

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: 0a1b8b96133ed9c073d

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Arthur H. Popkave, II, M.D.,

Mailing Address 1000 Coventry Drive

City

Phillipsburg

State

NJ

Zip Code

08865-1980

FEC ID number of contributing
federal political committee.

C

Name of Employer
Two Rivers Cardiology Ass-
ociates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: dd2297a816ed3ae63dc

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Marshall F. Priest, M.D., F.A.

Mailing Address 300 E Jefferson Street Suite 201

City

Boise

State

ID

Zip Code

83712-6261

FEC ID number of contributing
federal political committee.

C

Name of Employer
Idaho Cardiology Associat-
es

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: 346872d8d288b75bbd0

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steven V. Priest, M.D., F.A.

Mailing Address 3222 W Riverside Drive

City

Fort Myers

State

FL

Zip Code

33901-6734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Heart Associates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 9

Transaction ID: 4497aa1d6bf977a8cc8a

Amount of Each Receipt this Period

91.00

B.

Full Name (Last, First, Middle Initial)

Mubashir A. Qazi, M.B.B.S.,

Mailing Address 1924 Lakes Edge Drive
160 N Eagle Creek Drive #307

City

Lexington

State

KY

Zip Code

40502-2819

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kentucky Cardiology

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: 6b918831f34f90e8e8c

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

David Ramos, M.D., F.A.

Mailing Address 1100 Forrest Avenue

City

Dover

State

DE

Zip Code

19904-3309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Office Building

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: e3ce471912e2c74d8c0

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1591.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 56

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

George P. Rodgers, M.D., F.A.

Mailing Address 2441 Westlake Drive

City

Austin

State

TX

Zip Code

78746-2950

FEC ID number of contributing
federal political committee.

C

Name of Employer
Biophysical Corporation

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: 47c8b6ed2df884ece013

Amount of Each Receipt this Period

84.00

B.

Full Name (Last, First, Middle Initial)

J. James Rohack, M.D., F.A.

Mailing Address 4409 Leonard Road

City

Bryan

State

TX

Zip Code

77807-9553

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scott & White Clinic and
Hospital

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: 75cb51e896a4706a5f8

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Richard O. Russell, Jr., M.D.,

Mailing Address 4408 Kennesaw Drive

City

Birmingham

State

AL

Zip Code

35213-1826

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: ecb4e423ac141b17492

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

584.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mark L. Sanz, M.D., F.A.

Mailing Address 3122 Martinwood Road

City

Missoula

State

MT

Zip Code

59802-3263

FEC ID number of contributing
federal political committee.

C

Name of Employer
International Heart Insti-
tute of Monta

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 9

Transaction ID: d0cc84c9edc644798b5

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Michael A. Scherlag, M.D., F.A.

Mailing Address 4050 West Memorial Road

City

Oklahoma City

State

OK

Zip Code

73120-8382

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oklahoma Heart Hospital

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: 5f176ec82fc74564a81

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

C. Richard Schott, M.D., F.A.

Mailing Address 10 Todmorden Drive
Suite 2400

City

Wallingford

State

PA

Zip Code

19086-6727

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riddle Health Care Center
II

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: 86cde1018662d626565

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mylappan Selvaraj, M.B.B.S.,

Mailing Address 109 Winterwood Drive

City

State

Zip Code

Butler

PA

16001-2833

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: c120bf560aca2967e14

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Charlie Willard Shaeffer, Jr., M.D.,

Mailing Address 279 Viaduct Las Palmas

City

State

Zip Code

Palm Springs

CA

92262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Desert Cardiology Consult-
ants Medical

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: 0ef71082f7a10f35ca6

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Victor Shin, M.D.

Mailing Address 100 Exchange Street Apt. 1501

City

State

Zip Code

Providence

RI

02903-2619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: 01e1cae64024ff3f26c

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Hina Farooq Siddiqui, M.B.B.S.,

Mailing Address 7815 Oxfordshire Drive

City

Spring

State

TX

Zip Code

77379-4667

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heart Rhythm Associates,
PA

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 9

Transaction ID: b1d92c00b4614d5443e

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Irwin M. Silverman, M.D., F.A.

Mailing Address 1235 Hackberry

City

Deerfield

State

IL

Zip Code

60015-4017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: d42c15c0c61e0365976

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Stephen M. Sokolyk, M.D., F.A.

Mailing Address 2286 Kensington Way

City

New Braunfels

State

TX

Zip Code

78130-8999

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heart & Vascular Institute
of TX

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: 44836427af7ff847525

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 56

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Howard M. Staniloff, M.D., F.A.

Mailing Address 4953 Edgerton Avenue

City

Encino

State

CA

Zip Code

91436-1201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: 08fa9c18a3bdcbbab0b

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

John E. Strobeck, M.D., Ph.D.

Mailing Address 16 Normandy Court

City

Ho Ho Kus

State

NJ

Zip Code

07423-1217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heart-Lung Associates, PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 9

Transaction ID: 7c627e2fb0d22f4859e

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

David J. Stroh, D.O., F.A.

Mailing Address 2587 Windwood Lane

City

Orange Park

State

FL

Zip Code

32073-6126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: d4c8d315eeb05c0360d

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 56

(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gregg W. Taylor, M.D., F.A.

Mailing Address 520 N Elam Avenue

City

Greensboro

State

NC

Zip Code

27403-1127

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: a19654188010456c6a9

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Michael C. Turner, M.D., F.A.

Mailing Address 5140 Highway 397

City

Bell City

State

LA

Zip Code

70630-3105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiovascular Specialists
of Southwes

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 9

Transaction ID: 456db428918fdc061e62

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Paul L. Urban, M.D., F.A.

Mailing Address 2875 Southwest 53rd Street

City

Ocala

State

FL

Zip Code

34471-9538

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ocala Interventional Card-
iologyORMC Ca

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 9

Transaction ID: 455c90d84c64ba27dfa8

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)

434.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

C. Michael Valentine, M.D., F.A.

Mailing Address 1487 Langhorne Road

City

Lynchburg

State

VA

Zip Code

24503

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Cardiovascular Group
Centra/Stroob

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: 461a938e95882b16ff2

Amount of Each Receipt this Period

91.00

B.

Full Name (Last, First, Middle Initial)

Juan Villafane, M.D., F.A.

Mailing Address Pmb 300
743 E Broadway

City

Louisville

State

KY

Zip Code

40202-1711

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Louisville

Occupation

PEDIATRICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 9 / 2 0 0 9

Transaction ID: 43b39ede708f880d1515

Amount of Each Receipt this Period

83.34

C.

Full Name (Last, First, Middle Initial)

Thad F. Waites, M.D., F.A.

Mailing Address 1017 Richburg Road

City

Hattiesburg

State

MS

Zip Code

39402-9055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Heart Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: 49e9b99f31385981cbc1

Amount of Each Receipt this Period

91.00

SUBTOTAL of Receipts This Page (optional)

265.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Diane E. Wallis, M.D., F.A.

Mailing Address 3825 Ighland Avenue
Suite 400

City State Zip Code
Downers Grove IL 60515-4457

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Heart Specialists

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 9

Transaction ID: 4cdbb8cf24cb34849391

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

Howard T. Walpole, Jr., M.D.,

Mailing Address 31 Northumberland

City State Zip Code
Nashville TN 37215-4123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Thomas Health Servi-
ces

Occupation
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2272.75

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: 438b913e7b969ae09364

Amount of Each Receipt this Period

454.55

C.

Full Name (Last, First, Middle Initial)

Mary Norine Walsh, M.D., F.A.

Mailing Address 8333 Naab Road Suite 400

City State Zip Code
Indianapolis IN 46260-1992

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Care Group LLC

Occupation
HEART FAILURE/TRANSPLANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 9

Transaction ID: 4b89a870d3c4c46ba844

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

637.89

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 56

(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Robert C. Wesley, Jr., M.D.,

Mailing Address 2675 Windmill Parkway Apt. 1921

City

Henderson

State

NV

Zip Code

89074-1941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 9 | / | 2 | 0 | 0 | 9 |

Transaction ID: 48d7b798cd48e2062c66

Amount of Each Receipt this Period

84.00

B.

Full Name (Last, First, Middle Initial)

Michael C. Widmer, M.D., F.A.

Mailing Address 2753 Northeast Red Oak Drive

City

Bend

State

OR

Zip Code

97701-8348

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heart Center Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 3 | / | 2 | 0 | 0 | 9 |

Transaction ID: 47e8880a77aabd69b57c

Amount of Each Receipt this Period

91.00

C.

Full Name (Last, First, Middle Initial)

Joseph S. Wilson, Jr., M.D.,

Mailing Address 755 Mount Vernon Highway Suite 530

City

Atlanta

State

GA

Zip Code

30328-4287

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology of Georgia, P.-
C.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 3 | / | 2 | 0 | 0 | 9 |

Transaction ID: 47568c67fbc57287e804

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael J. Wolk, M.D., M.A.

Mailing Address 876 Park Avenue

City

New York

State

NY

Zip Code

10075-1843

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Cardiology Assoc-
iates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.69

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 9

Transaction ID: 4364af7fe3ae1b17844c

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

Richard F. Wright, M.D., F.A.

Mailing Address 1038 South Carmelina Avenue

City

Los Angeles

State

CA

Zip Code

90049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Heart Institute

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 9

Transaction ID: 47e0ab10b3745f2702ec

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Shahram Yazdani, M.D., F.A.

Mailing Address 878 Alvermar Ridge Drive

City

McLean

State

VA

Zip Code

22102-1435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Cardiovascular
Associates, PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 0 9

Transaction ID: 47b3848ae494ad96b35d

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)

367.34

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 56

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Laura Leigh H. Younce, M.D., F.A.

Mailing Address 9809 Indian Trail-Fairview Road

City

Indian Trail

State

NC

Zip Code

28079-6768

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 9 | | 2 | 0 | 0 | 9 |

Transaction ID: 3858cecccdafd880278

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

35459.25

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 56

(check only one)

| | | | |
|------------------------------|------------------------------|--|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input checked="" type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American College of Cardiology - Admin Account

Mailing Address P.O. Box 85024

City

Richmond

State

VA

Zip Code

23285-5024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5933.62

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 2 | 3 | | 2 | 0 | 0 | 9 |

Transaction ID: 31b62b6f15c80ac41cb

Amount of Each Receipt this Period

1105.47

Reimburse. for May Amex
and June Merchant Fees

SUBTOTAL of Receipts This Page (optional)

1105.47

TOTAL This Period (last page this line number only)

1105.47

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 / 56

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
PhoenixState
AZZip Code
85072-3852Purpose of Disbursement
June Amex Fees

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: V280d2a27bdd85e841d9

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 3 | 0 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

254.91

B.

Full Name (Last, First, Middle Initial)

Wachovia Bank

Mailing Address C/O Nova Information Systems
7300 Chapman HwyCity
KnoxvilleState
TNZip Code
37920Purpose of Disbursement
June Merchant Fees

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: M7d316283fe389c80c06

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 0 | 2 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

689.75

SUBTOTAL of Disbursements This Page (optional)

944.66

TOTAL This Period (last page this line number only)

944.66

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 46 / 56

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Berkley for Congress | Transaction ID: 4492363b658fc6a87a2 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 3069 Conquista Court | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 2 | 3 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 2 | 3 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City Las Vegas State NV Zip Code 89121 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement 2010 Primary | <table border="1"> <tr> <td>2500.00</td> </tr> </table> | 2500.00 | | | | | | | | | | | | | | | | | | | |
| 2500.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name Shelley Berkley | <table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type | 011 | | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Bill Cassidy for Congress | Transaction ID: 51433e1c6489c6528f6 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 8550 United Plaza Blvd. Suite 1001 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 2 | 5 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 2 | 5 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City Baton Rouge State LA Zip Code 70809 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement 2010 Primary | <table border="1"> <tr> <td>1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name William Cassidy | <table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type | 011 | | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Bob Etheridge for Congress Committee | Transaction ID: 95741103c83988fdc7e Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address Post Office Box 28001 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 2 | 3 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 2 | 3 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City Raleigh State NC Zip Code 27611 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement 2010 Primary | <table border="1"> <tr> <td>1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name Bob Etheridge | <table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type | 011 | | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 02 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 47 / 56

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|----------------------------------|-------------------|---|---|----------------------------------|--|---|---|--|---|------------------------|---|--|--|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Boyd for Congress | Transaction ID: d11f396ce5233341c68 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 15703 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 2 | 3 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 2 | 3 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| <table border="1"> <tr> <td>City Tallahassee</td> <td>State FL</td> <td>Zip Code 32317</td> </tr> <tr> <td colspan="2">Purpose of Disbursement 2010 Primary</td> <td rowspan="2"> <div>011</div> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name F. Allen Boyd, Jr.</td> </tr> <tr> <td>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td colspan="2">Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td colspan="3">State: FL District: 02</td> </tr> </table> | City Tallahassee | State FL | Zip Code 32317 | Purpose of Disbursement 2010 Primary | | <div>011</div> Category/ Type | Candidate Name F. Allen Boyd, Jr. | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | State: FL District: 02 | | | Amount of Each Disbursement this Period <div>5000.00</div> | | | | | | |
| City Tallahassee | State FL | Zip Code 32317 | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement 2010 Primary | | <div>011</div> Category/ Type | | | | | | | | | | | | | | | | | | | |
| Candidate Name F. Allen Boyd, Jr. | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| State: FL District: 02 | | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Cantor for Congress | Transaction ID: 2f2f548ad2890d79378 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 17813 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 2 | 3 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 2 | 3 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| <table border="1"> <tr> <td>City Richmond</td> <td>State VA</td> <td>Zip Code 23226</td> </tr> <tr> <td colspan="2">Purpose of Disbursement 2010 Primary</td> <td rowspan="2"> <div>011</div> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name Eric I. Cantor</td> </tr> <tr> <td>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td colspan="2">Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td colspan="3">State: VA District: 07</td> </tr> </table> | City Richmond | State VA | Zip Code 23226 | Purpose of Disbursement 2010 Primary | | <div>011</div> Category/ Type | Candidate Name Eric I. Cantor | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | State: VA District: 07 | | | Amount of Each Disbursement this Period <div>2500.00</div> | | | | | | |
| City Richmond | State VA | Zip Code 23226 | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement 2010 Primary | | <div>011</div> Category/ Type | | | | | | | | | | | | | | | | | | | |
| Candidate Name Eric I. Cantor | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| State: VA District: 07 | | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Charles Boustany Jr MD for Congress, Inc | Transaction ID: 55fadf3c166679e0e4f Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 80126 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 1 | 0 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 1 | 0 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| <table border="1"> <tr> <td>City Lafayette</td> <td>State LA</td> <td>Zip Code 70598</td> </tr> <tr> <td colspan="2">Purpose of Disbursement 2010 Primary</td> <td rowspan="2"> <div>011</div> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name Charles W. Boustany, Jr.</td> </tr> <tr> <td>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td colspan="2">Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td colspan="3">State: LA District: 07</td> </tr> </table> | City Lafayette | State LA | Zip Code 70598 | Purpose of Disbursement 2010 Primary | | <div>011</div> Category/ Type | Candidate Name Charles W. Boustany, Jr. | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | State: LA District: 07 | | | Amount of Each Disbursement this Period <div>2500.00</div> | | | | | | |
| City Lafayette | State LA | Zip Code 70598 | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement 2010 Primary | | <div>011</div> Category/ Type | | | | | | | | | | | | | | | | | | | |
| Candidate Name Charles W. Boustany, Jr. | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| State: LA District: 07 | | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 / 56

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
Congressman Bart Gordon Committee

Mailing Address PO Box 2008

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement
2010 PrimaryCandidate Name
Bart Gordon011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 06

Transaction ID: 6f3914f53ac034cf0cd
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 2 | 5 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Continuing a Majority Party Action Committee (CAMPAC)

Mailing Address 5915 Eastman Avenue Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
2009 ContributionCandidate Name
Continuing a Majority Party Action Committee (CAMP-
AC)011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: 0bea3452d150b9eb204
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 2 | 3 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
Every Republican Is Crucial (ERICPAC)

Mailing Address 25 East Main Street, Suite 200

City Richmond State VA Zip Code 23219

Purpose of Disbursement
2009 ContributionCandidate Name
Every Republican Is Crucial (ERICPAC)011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: c219f3df10067809f06
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 2 | 3 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 / 56

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) Friends of Chris Dodd Mailing Address PO Box 270701 | Transaction ID: b9b40f331060e9e8a60 Date of Disbursement <div> <div>06</div> <div>24</div> <div>2009</div> </div> |
| City West Hartford State CT Zip Code 06127 Purpose of Disbursement 2010 Primary Candidate Name Christopher J. Dodd Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: | Amount of Each Disbursement this Period <div>2500.00</div> <div>011</div> Category/ Type |
| B. Full Name (Last, First, Middle Initial) Friends of Congressman George Miller Mailing Address PO Box 5864 City Concord State CA Zip Code 94524 Purpose of Disbursement 2010 Primary Candidate Name George Miller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 07 | Transaction ID: 074b2e2b851fdce32e4 Date of Disbursement <div> <div>06</div> <div>25</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>2500.00</div> <div>011</div> Category/ Type |
| C. Full Name (Last, First, Middle Initial) Friends of Jim Clyburn Mailing Address PO Box 12567 City Columbia State SC Zip Code 29211 Purpose of Disbursement 2010 Primary Candidate Name James E. Clyburn Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SC District: 06 | Transaction ID: 8fbc139221520a3addb Date of Disbursement <div> <div>06</div> <div>23</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>2500.00</div> <div>011</div> Category/ Type |
| SUBTOTAL of Disbursements This Page (optional) | <div>7500.00</div> |
| TOTAL This Period (last page this line number only) | |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 / 56

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Friends of John Tanner | Transaction ID: 94361458a298f2a3b69 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address Post Office Box 1994 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 2 | 3 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 2 | 3 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City Union City State TN Zip Code 38281 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement 2010 Primary Candidate Name John S. Tanner | <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 011 Category/ Type | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Friends of Lois Capps | Transaction ID: b0234f45eec21d967c8 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 23940 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 2 | 3 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 2 | 3 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City Santa Barbara State CA Zip Code 93121 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement 2010 Primary Candidate Name Lois Capps | <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 011 Category/ Type | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Friends of Schumer | Transaction ID: 82d5f023b8b66d11043 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 509 Madison Ave Suite 1902 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 2 | 4 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 2 | 4 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City New York State NY Zip Code 10022 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement 2010 Primary Candidate Name Charles E. Schumer | <table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table> | 5000.00 | | | | | | | | | | | | | | | | | | | |
| 5000.00 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 011 Category/ Type | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 51 / 56

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
Gene Green Congressional Campaign

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement
2010 Primary

Candidate Name
Gene Green

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 29

Transaction ID: b6e1a52d68e33203386

Date of Disbursement

06 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Grassley Committee Inc

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement
2010 Primary

Candidate Name
Charles E. Grassley

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District:

Transaction ID: 424cb6051aada3dafb3

Date of Disbursement

06 / 23 / 2009

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
Hawkeye PAC, The

Mailing Address PO Box 7255

City Des Moines State IA Zip Code 50309

Purpose of Disbursement
2009 Contribution

Candidate Name
Hawkeye PAC, The

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: 07ac6a9c3eb7e581f0a

Date of Disbursement

06 / 10 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 / 56

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------|-------------------|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Heller for Congress | Transaction ID: 560d79e23b41d51f18e Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 750580 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 1 | 0 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 1 | 0 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City Las Vegas State NV Zip Code 89136 | Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement 2010 Primary Candidate Name Dean Heller | <table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table> | 011 | Category/ Type | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| Category/ Type | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Kathy Dahlkemper for Congress | Transaction ID: 220341ee521be4b6a58 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 1045 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 2 | 4 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 2 | 4 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City Erie State PA Zip Code 16512 | Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement 2010 Primary Candidate Name Kathleen A. Dahlkemper | <table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table> | 011 | Category/ Type | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| Category/ Type | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Larson for Congress | Transaction ID: fbf520ef76c01cd2eb8 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 29 Ruff Circle | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 2 | 4 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 2 | 4 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City Glastonbury State CT Zip Code 06033 | Amount of Each Disbursement this Period <table border="1"> <tr> <td>5000.00</td> </tr> </table> | 5000.00 | | | | | | | | | | | | | | | | | | | |
| 5000.00 | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement 2010 Primary Candidate Name John B. Larson | <table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table> | 011 | Category/ Type | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| Category/ Type | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | <table border="1"> <tr> <td>7000.00</td> </tr> </table> | 7000.00 | | | | | | | | | | | | | | | | | | | |
| 7000.00 | | | | | | | | | | | | | | | | | | | | | |
| TOTAL This Period (last page this line number only) | <table border="1"> <tr> <td></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 / 56

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------|---|---|---|---|---|---|---|---|---|---------------|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Leadership in the New Century (LINCPAC) | Transaction ID: a5e7535c4dc504455e4 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 124 West Capitol Avenue Suite 630 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 2 | 3 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 2 | 3 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City Little Rock State AR Zip Code 72201 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement 2009 Contribution Candidate Name Leadership in the New Century (LINCPAC) | <table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table> | 5000.00 | | | | | | | | | | | | | | | | | | | |
| 5000.00 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution | <table border="1"> <tr> <td colspan="10">011</td> </tr> <tr> <td colspan="10">Category/Type</td> </tr> </table> | 011 | | | | | | | | | | Category/Type | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| Category/Type | | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) LEGPAC | Transaction ID: 33990352e3b05b8cbdb Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 38 Ivy St., SE | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 2 | 3 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 2 | 3 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City Washington State DC Zip Code 20003 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement 2009 Contribution Candidate Name LEGPAC | <table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table> | 2500.00 | | | | | | | | | | | | | | | | | | | |
| 2500.00 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution | <table border="1"> <tr> <td colspan="10">011</td> </tr> <tr> <td colspan="10">Category/Type</td> </tr> </table> | 011 | | | | | | | | | | Category/Type | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| Category/Type | | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Mike Ross for Congress Committee | Transaction ID: 3339aec31601aed7892 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 360 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 2 | 3 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 2 | 3 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City Prescott State AR Zip Code 71857 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement 2010 Primary Candidate Name Mike Ross | <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution | <table border="1"> <tr> <td colspan="10">011</td> </tr> <tr> <td colspan="10">Category/Type</td> </tr> </table> | 011 | | | | | | | | | | Category/Type | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| Category/Type | | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 / 56

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Nelson 2012 | Transaction ID: 7a2aef0f43f13531382 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 8666 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 2 | 3 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 2 | 3 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City Omaha State NE Zip Code 68108 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement 2012 Primary | <table border="1"> <tr> <td>2500.00</td> </tr> </table> | 2500.00 | | | | | | | | | | | | | | | | | | | |
| 2500.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name E. Benjamin Nelson | <table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type | 011 | | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Pallone for Congress | Transaction ID: 24f0d8f2b467ec39c56 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 3176 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 1 | 0 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 1 | 0 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City Long Branch State NJ Zip Code 07740 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement 2010 Primary | <table border="1"> <tr> <td>2500.00</td> </tr> </table> | 2500.00 | | | | | | | | | | | | | | | | | | | |
| 2500.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name Frank Pallone, Jr. | <table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type | 011 | | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Pete Sessions for Congress | Transaction ID: 2b4bd66909fd1a4ac32 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 823047 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 2 | 3 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 2 | 3 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City Dallas State TX Zip Code 75382 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement 2010 Primary | <table border="1"> <tr> <td>2500.00</td> </tr> </table> | 2500.00 | | | | | | | | | | | | | | | | | | | |
| 2500.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name Pete Sessions | <table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type | 011 | | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 / 56

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Peters for Congress | Transaction ID: e6eb2dae6a7130a8a49 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 226 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 2 | 4 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 2 | 4 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City Bloomfield Hills State MI Zip Code 48303 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement 2010 Primary | <table border="1"> <tr> <td>1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name Gary C. Peters | <table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type | 011 | | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: MI District: 09 <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Richard Burr Committee, The | Transaction ID: ee70461b925653fc1ab Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address Post Office Box 5928 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 2 | 3 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 2 | 3 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City Winston-Salem State NC Zip Code 27113 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement 2010 Primary | <table border="1"> <tr> <td>2500.00</td> </tr> </table> | 2500.00 | | | | | | | | | | | | | | | | | | | |
| 2500.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name Richard M. Burr | <table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type | 011 | | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: NC District: <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Ryan for Congress | Transaction ID: b192111b68a6fc40ae2 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 1919 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 | | 2 | 5 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 6 | | 2 | 5 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City Janesville State WI Zip Code 53547 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement 2010 Primary | <table border="1"> <tr> <td>1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name Paul Ryan | <table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type | 011 | | | | | | | | | | | | | | | | | | | |
| 011 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: WI District: 01 <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 56 / 56

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
Wally Herger for Congress Committee

Mailing Address PO Box 1500

City Chico State CA Zip Code 95927

Purpose of Disbursement
2010 Primary

Candidate Name
Walter Herger, Jr.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 02

Transaction ID: a13bbe3c2b2736f6abf

Date of Disbursement

06 / 25 / 2009

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Wyden for Senate

Mailing Address 232 NE 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement
2010 Primary

Candidate Name
Ron Wyden

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District:

Transaction ID: 3b2b0d37b6e490e4f25

Date of Disbursement

06 / 10 / 2009

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
Zack Space for Congress Committee

Mailing Address 726 Sixteenth Street NE

City Massillon State OH Zip Code 44646

Purpose of Disbursement
2010 Primary

Candidate Name
Zachary T. Space

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 18

Transaction ID: 5d2279de10b2c23efda

Date of Disbursement

06 / 10 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

80000.00